

STATE OF CALIFORNIA  
AIR RESOURCES BOARD  
**REQUEST FOR APPROVAL OF OUT-OF-STATE TRAVEL**

Pursuant to the Provisions of Sections 1062, 11032,  
and 11033 of the Government Code and SAM Section  
0730 et seq.

Send 6 copies to  
DIRECTOR OF FINANCE

NAME AND TITLE		DOCUMENT NUMBER	DATE
DIVISION		DEPARTMENT <b>Air Resources Board</b>	AGENCY <b>Cal/EPA</b>
PURPOSE		DATE OF ABSENCE	
ITINERARY		<b>ACTION REQUIRED:</b>  For approval by Director (Within blanket Std. Form 260 – retain Std. Form 257 within Department.) <input type="checkbox"/>	
TYPE OF TRANSPORTATION:	EXPENSES NOT TO EXCEED:	For approval of Agency Secretary (if appropriate), DOF, and Governor:  Specific advance approval required <input type="checkbox"/>  Additional funds required (BR # _____) <input type="checkbox"/>	
FUND: MVA Clearing Account 3900-001-0044 Budget Act of			

**FUNDING**

Allotment::		
Unencumbered remainder after posting this estimate to allotment expenditure ledger.....		I HEREBY CERTIFY upon my own personal knowledge that the unencumbered balance in the budget allotment for travel out-of-state shown is correct per the Allotment-expenditure Ledger.  (After BR No. _____ )  <b>SIGNED:</b> <span style="float: right;">←</span>
Adjustment increasing encumbrances.....		
Adjustment decreasing encumbrances.....		

<b>DEPARTMENTAL APPROVAL</b>	<b>AGENCY APPROVAL</b>
APPROVED BY:	APPROVED BY:
<div style="display: flex; justify-content: space-between;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Division Chief</div> <div>Executive Officer or Chairman</div> </div>	<div style="border-top: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div>Title: _____</div>

**AUTHORIZATION**

APPROVED, DIRECTOR OF FINANCE	APPROVED, GOVERNOR	DATE
→	→	

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Name and Title of Traveler(s)
<b>JUSTIFICATION</b>
a) Trip's benefit to the state.
b) Consequence if the trip is not made.
c) If more than one staff is traveling, why more than one staff is necessary.
d) Why the same result could not be achieved by telephone.
e) List significant agenda items.
f) If the trip is being funded by other than ARB, identify the source (if non-governmental funding, please provide brief description of organization.
g) Justification for late submittal (if applicable)

## OUT-OF-STATE TRAVEL REQUEST

JUSTIFICATION FOR:

Name

### ESTIMATED COST DETAIL

<b>DATES:</b>	Month, Day(s), Year (must match Page 1)
<b>LOCATION:</b>	Place, State, Nation (must match Page 1)
<b>AIRFARE COST:</b>	\$ From Sacramento or El Monte to Destination and Return
<b>GROUND TRANSPORTATION COST:</b>	\$
<b>HOTEL COST:</b>	\$
<b>PER DIEM COST:</b>	\$
<b>INCIDENTIAL CHARGES:</b>	\$
<b>OTHER COSTS:</b>	\$ (Please Specify)
<b>ESTIMATED TOTAL COST:</b>	\$

### FUNDING:

ARB Funds

\$

Costs Reimbursed

\$

Name of Organization

Paid Directly by  
Organization

\$

Name of Organization

<b>STATE TIME:</b>	<b>State Hours</b>
<b>Employee Salary Costs Paid by the State of California :</b>	(FOR ASD USE ONLY)